	218337
Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Request for Suspension of Class C Taxi Certificate from Mark O. Ejere DBA Adamiz Cab and Limo	BEFORE THE PUBLIC SERVICE COMMISSION
Service	DOCKET NUMBER: 1997 - 415 - T
) If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: MARK EJERE Address: D.O. BOX 1061 UNA 3.C.29378	Telephone: # 864 583 5858 Fax: # Other: # A.DAMIZTACU80 CG MAIL
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply)	
WATORE OF THE	Request to Amend Scope of Authority
Application – Class C Taxi	Request to Amend Scope of Assacrange Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Charter Bus	_
Application - Class C Non-Emergency	Request
Application - Class E Household Goods	☐ Exhibit
Application - Class E Hazardous Waste	Late-Filed Exhibit
	Letter
Request for Extension to Comply with Order	Proposed Order
Request for Order Granting Authority to Obtain Certific Public Convenience and Necessity to Be Rescinded	cate of Publisher's Affidavit
Request for Cancellation of Certificate	Response
Request for Suspension	Response Δ(10) 1 2009
	A(II) V x 2000
Request for Reinstatement	PSC SC OOCKETING DEPT Other:

REQUEST FOR SUSPENSION FORM (ORS Rev 9-12-08)

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815	
DATE: # 07/31/09		
Please consider this as my Request for Suspension		
Class C Taxi Certificate Number <u>6553 - B</u>		
Class C Charter Certificate Number	_ CLIVE D	
Class C Charter Bus Certificate Number	—————————————————————————————————————	
Non-Emergency Certificate Number	30 00	
Class E Household Goods Certificate Number	DOCKETING DEPT:	
Class E Hazardous Wastes Certificate Number		
request that my certificate be suspended until OCT 10/09		
(Marine or Company)	1A Adamiz Cab and Limb (If applicable) Service	
(Street and or Mailing Address)	© UNA : S.C. 29378 (City, State, ZIp Code)	
** 864-583-5858 (Telephone Number)	(Signature and Title, I.e, President, Owner)	
Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.		
Reason for Request for Suspension of Operations:		

SUMMER. WE ARE REQUESTING FOR SUSPENSION OF SERVICE BECAUSE WE NEEDED PAUSE PERIOD TO RUN THROUGH THIS SUMMER TIME WHICH IS TOO SLOW FOR OUR RUSINESS. WE MAY OPEN BACK-UP IN OCT. 2009.